

WEST VIRGINIA EMERGENCY RESPONSE COMMISSION  
ANNUAL TIER II FACILITY FILING FEE WORKSHEET

**2014**

DATE FEE PAYMENT \_\_\_\_\_

CALENDAR YEAR ENDING DECEMBER \_\_\_\_\_

**Facility Information (please print or type)**

Company Name:	<b>DO NOT WRITE IN THIS BOX</b>
Facility Name:	AMOUNT PAID:
Address:	CHECK NO.:
City: State:	DATE OF CHECK:
ZIP Code:	
County:	
Contact Person:	
Telephone:	
E-Mail:	

**I. TIER TWO FILING FEE SCHEDULE**

- TIER II FILING FEE (BASE) **\$25**
- TIER II FILING FEE (ADDITIONAL) **\$50** PER EXTREMELY HAZARDOUS SUBSTANCE (EHS) REPORTED
- TIER II FILING FEE (ADDITIONAL) **\$10** PER HAZARDOUS SUBSTANCE REPORTED IN EXCESS OF FIVE (5)
- TIER II FILING FEE (ADDITIONAL) **\$5** PER TANK IN EXCESS OF 10 (RETAIL GASOLINE STATIONS).
- TIER II FILING FEE (ADDITIONAL) **\$10** PER WELL IN EXCESS OF 35 (OIL AND GAS EXTRACTION FACILITIES)
- **FACILITY FEE CAP, NOT TO EXCEED \$100 PER FACILITY**

**FEES RECEIVED AFTER MARCH 31 SHALL BE SUBJECT TO A 20% LATE FEE CHARGE**

**II. FEE QUESTIONS**

- 1) Is your facility required to submit a Tier II under this program? YES NO (circle one)  
IF **NO**, YOUR FACILITY **DOES NOT** HAVE TO PAY A FEE.
- 2) Facility has reported \_\_\_\_\_ extremely hazardous substances; pure or mixed component.
- 3) Facility has reported \_\_\_\_\_ hazardous substances (DO NOT INCLUDE THOSE ALREADY COUNTED IN QUESTION 2)
- 4) Facility has reported \_\_\_\_\_ tanks (**RETAIL GASOLINE ONLY**)
- 5) Facility has reported \_\_\_\_\_ wells (**OIL AND GAS EXTRACTION STORAGE FACILITIES ONLY**)

**III. FEE CALCULATION**

<p><b>LINE A:</b> BASE TIER II FILING FEE</p> <p><b>LINE B:</b> NUMBER OF EXTREMELY HAZARDOUS SUBSTANCE(S); AS IDENTIFIED IN QUESTION 2 ABOVE. MULTIPLY NUMBER _____ x \$50. ENTER AMOUNT ON LINE B</p> <p><b>LINE C:</b> NUMBER OF HAZARDOUS SUBSTANCES; AS IDENTIFIED IN QUESTION 3 ABOVE; IN EXCESS OF FIVE (5) _____. MULTIPLY NUMBER _____ x \$10 ENTER AMOUNT ON LINE C</p> <p><b>LINE D:</b> NUMBER OF TANKS; AS IDENTIFIED IN QUESTION 4 ABOVE; IN EXCESS OF TEN (10) MULTIPLY NUMBER _____ x \$5. ENTER AMOUNT ON LINE D.</p> <p><b>LINE E:</b> NUMBER OF WELLS AS IDENTIFIED IN QUESTION 5 ABOVE; IN EXCESS OF 35 (ENTER 0 IF NOT OIL AND GAS EXTRACTION FACILITY). _____ MULTIPLY NUMBER _____ x \$10. ENTER AMOUNT ON LINE E</p> <p><b>LINE F:</b> ADD THE AMOUNT ON LINE A THROUGH E AND ENTER ON LINE F</p> <p style="text-align: center;"><u>IF YOUR PAYMENT IS POST MARKED AFTER MARCH 31, YOUR FACILITY MUST PAY A 20 % LATE FEE.</u></p> <p><b>LINE G:</b> TIER II TOTAL FILING FEE (<b><u>LINE F OR \$100</u></b>) <b><u>FACILITY FEE CAP, NOT TO EXCEED \$100 PER FACILITY</u></b></p>	<p><b>A) 25.00</b></p> <p><b>B) _____</b></p> <p><b>C) _____</b></p> <p><b>D) _____</b></p> <p><b>E) _____</b></p> <p><b>F) _____</b></p> <p><b>G) _____</b></p>
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**THIS WORKSHEET & CALCULATED FEE MUST BE SUBMITTED WITH YOUR TIER II INFORMATION BY MARCH 1**

If you need assistance, please call (304) 558-5380 or email [SERC@wv.gov](mailto:SERC@wv.gov)  
Make checks payable to: West Virginia State Emergency Response Commission  
1900 Kanawha Blvd E., Building 1 Room EB-80 Charleston, WV 25305